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PTO/SB/21 (02-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/827,997	
	Filing Date	April 6, 2001	
	First Named Inventor	COOPER, David H.	
	Art Unit	2613	
	Examiner Name	LE, VU	
Total Number of Pages in This Submission		Attorney Docket Number	22177-0003

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard; Certificate of First Class Mailing
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	McNees Wallace & Nurick LLC Brian T. Sattizahn, Attorney Reg. No. 46,401
Signature	
Date	March 3, 2005

CERTIFICATE OF TRANSMISSION/MAILING

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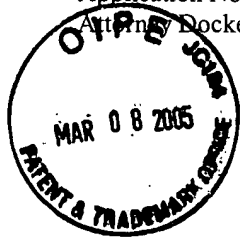
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Transmittal Form
Response Under 37 C.F.R. 1.111
Return Receipt Postcard

Attorney Docket No.: 22177-0003
Application No.: 09/827,997
Filed: April 6, 2001

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: David COOPER :
: :
Application No.: 09/827,997 : Group Art Unit: 2613
: :
Filed: April 6, 2001 : Examiner: V. Le
: :
For: DENTAL VIDEO IMAGING SYSTEM

RESPONSE UNDER 37 C.F.R. 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please consider the following Response for the above-referenced Application.

A.) INTRODUCTORY COMMENTS

This Response is filed in response to the Office Action dated December 3, 2004.

The **Amendments to the Specification** section begins on page 2 of this Response.

The **Amendments to the Claims** section begins on page 3 of this Response and any amendments to the claims are reflected in the listing of the claims included therein.

The **Amendments to the Drawings** section begins on page 16 of this Response and any amendments to the drawings include both an attached replacement sheet and an annotated sheet showing any changes.

The **Remarks/Arguments** section begins on page 17 of this Response.